

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

MR. FREDRICK COCROFT - ID # N62451

HILL CORRECTIONAL CENTER

D.O. BOX 1700 GALESBURG, IL
(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

THE UNIVERSITY of
ILLINOIS (CHICAGO) UIC
ER (AND) EMERGENCY
ROOM PHYSICIAN AND
STAFF

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)



COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)



OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

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JAN 04 2016 EAC

1-4-16

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

16-cv-0080

C Judge Robert Blakey
(Magistrate Judge Mary M. Rowland
PC7

I. FEDERAL JURISDICTION

Jurisdiction is based on 28 U.S.C. § 1331, a civil action arising under the United States Constitution or other federal law. (You may assert a different jurisdictional basis, if appropriate).

II. PARTIES

A. Plaintiff:

Full Name: FREDRICK COCROFT
Prison Identification Number: N-62451
Current address: HILL CORRECTIONAL CENTER
P.O. BOX 1700 GANESBURG, IN

For additional plaintiffs, provide the information in the same format as above on a separate page. If there is more than one plaintiff, each plaintiff must sign the Complaint, and each plaintiff is responsible for paying his or her own complete, separate filing fee.

B. Defendants

Defendant #1:

Full Name: UNIVERSITY of ILLINOIS (CHICAGO)
Current Job Title: HOSPITAL/HEALTH CARE PROVIDER
EMERGENCY ROOM PHYSICIAN - DOCTOR
Current Work Address: 5841 SO MARYLAND AVE
CHICAGO, IL 60637

Defendant #2:

Full Name: _____
Current Job Title: _____
Current Work Address: _____

Defendant #3:

Full Name: _____

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: NONE / N/A
- B. Approximate date of filing lawsuit: NONE / N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: NONE / N/A
- D. List all defendants: NONE / N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: NONE / N/A
- G. Basic claim made: NONE / N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: NONE / N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

• IV. Statement of Claim:

- State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Now comes MR FREDRICK COCKROFT - STATING A CLAIM OF MEDICAL MALPRACTICE - DELIBERATE INDIFFERENCE (CAUSING SEVERE HARM TO THE PLAINTIFF (ALSO) CONSTITUTIONAL VIOLATION(S) OF THE 5TH AND 14TH AMENDMENT(S) OF DUE PROCESS OF LAW (ALSO) PLAINTIFF BRINGS AND APPLIES THE EQUAL PROTECTION CLAUSE OF DUE PROCESS (ALSO) SHOWING DISCRIMINATORY ACT(S) IN HIS TREATMENT BASE ON HIS INABILITY TO PAY, PLAINTIFF ENTERED (UNDER THE EMERGENCY CARE ACT - THE EMERGENCY ROOM WITH SEVERE HEAD TRAUMA BROKEN JAW - PLAINTIFF WAS AND CAN SHOW A DENIAL OF ADEQUATE AND PROPER MEDICAL TREATMENT (BY) THE ATTACHED NAMED DEFENDANT IS THE UNIVERSITY OF ILLINOIS (CHICAGO) (UIC) (ALSO) FAILURE TO PERFORM A PROPER MEDICAL PROCEDURE CAUSING "PERMANENT DISTIGUREMENT OF THE FACE

INJURIES^(s) CAUSED (BY) VIOLATION^(s)

1) SECONDARY INFECTIONS SET IN DUE TO (UIC) FAILING TO GIVE PLAINTIFF COCROFT A SUPPLY OF ANTI-BOTIC^(s)

2) IMPROPER MEDICAL PROCEDURES DONE WHICH MISALIGNED THE JAW FAILED PROCEDURE

3) CAN'T OPEN MOUTH TO WIDE WITHOUT SEVERE PAIN.

4) THE SECONDARY INFECTIONS CAUSED TISSUE LOSS ON JAWLINE AND FACIAL DISTIGUREMENT

5) NERVE DAMAGE TO THE JAWLINE / LOSS OF FEELING NUMBNESS.

CAN'T CHEW FOOD ON THE BOTTOM LEFT SIDE OF MOUTH.

6) CONSTANT DIZZINESS AND BECAUSE OF (ALL) THESE ISSUES^(s) I NOW SUFFER SEVERE ANXIETY MENTAL DURESS, STRESS AND DEPRESSION WHICH I AM NOW ON MEDICATION FOR (REVIEW) ATTACHED DOCUMENTATION (MENTAL HEALTH CARE) IN SUPPORT OF PLAINTIFF^(s) CLAIM

8TH AMENDMENT VIOLATION CRUEL AND UNUSUAL PUNISHMENT - 5TH AMENDMENT VIOLATION

DENIAL OF A SERIOUS MEDICAL NEED - NO PREVENTIVE CARE WAS GIVEN - UPON RELEASE FROM THE HOSPITAL THE PATIENT MR COCROFT WAS GIVEN ONLY A PRESCRIPTION "NO MEDICATION(S) NO ANTI-BIOTIC(S) TO PREVENT INFECTION AND/OR PAIN WHICH DID IN FACT COME TO THE PATIENT ONE MONTH LATER.

THE PLAINTIFF CAME IN UNDER THE EMERGENCY ROOM AND WAS TO BE COVERED FOR COST UNDER THE EMERGENCY CITY AND STATE ACT OF (PUBLIC SERVICE AND SAFETY) - INSTEAD MR COCROFT(S) TREATMENT WAS GROSSLY INADEQUATE WHICH LATER CAUSED HARM AND DISTIGUREMENT TO THE FACE OF THE PLAINTIFF.

IN THIS CASE THE PATIENT WAS TREATED ACCORDING TO HIS "INABILITY TO PAY DISCRIMINATORY PRACTICE."

- CIVIL LAW (CITED) DISREGARD FOR
- CONSEQUENCE(S) IN THIS ACTION MR COCROFT STATE(S) THAT THE MEDICAL PROFESSIONAL(S) IN THIS CASE SHOWED A CLEAR DISREGARD FOR HARMFUL CONSEQUENCE(S) TO THIS PATIENT / PLAINTIFF MR COCROFT.

• DELIBERATE INDIFFERENCE TO A SERIOUS
MEDICAL NEED

PLAINTIFF STATE(S) SIGNIFICANT ACT(S) OF UNREASONABLE-
NESS, COMMITTED (BY) THE EMERGENCY ROOM PHYSICIAN
IN THE ACTUAL TREATMENT STAGE, OF NAMED
INJURY, PHYSICIAN FAILED TO USE REASONABLE
JUDGEMENT IN PROVIDING ADEQUATE PREVENT-
IVE CARE MEDICATION(S).

: INDIFFERENT TO THE EFFECT THAT, THAT
RECKLESS DECISION MAY CAUSE SERIOUS HARM
TO THE PATIENT AND IN THIS CASE IT DID IN FACT
CAUSE A SECONDARY INFECTION HOSPITALIZING THE
PLAINTIFF MR COCROFT AND CAUSING DISTIGUREMENT.

THE PLAINTIFF(S) SERIOUS MEDICAL NEED WAS
OBVIOUS A BROKEN JAW (HEAD TRAUMA) REQUIRING
SPECIALIZED SURGERY THIS WAS (ALSO) PERFORMED
• INCORRECTLY - PLAINTIFF DID A FOLLOW UP IN
TREATMENT (AT STROGER(S) HOSPITAL WERE THE
ATTENDING PHYSICIAN EX-RAY THE JAWLINE AND IT
SHOWED A SEVERE MISALIGNMENT OF THE JAW
REQUIRING CORRECTIVE SURGERY TO CORRECT
CONSTANT AND ONGOING PAIN TO DATE SUFFERED (BY)
MR COCROFT.

: MENTAL DURESS SUFFERED (BY) PLAINTIFF

PLAINTIFF COCROFT NOW SUFFER(S) A ANXIETY DISORDER,
AND HIGH BLOOD PRESSURE, AND DEPRESSION (ALL)

REQUIRING MEDICATION - THESE AILMENTS (ALL) HAS
"SEVERELY AFFECTED THIS PLAINTIFF(S) ABILITY TO
CORRESPOND WITH THIS COURT IN A TIMELY
MANNER PLEASE BE ADVISED THAT THE PLAINTIFF
BRING(S) THIS ACTION BASED ON ITS MERIT OF
ONGOING INJURIES(S) AND DISTIGUREMENT (ALL)
WITH IN FACT REQUIRE COSTLY EXPENSIVE
CORRECTIVE SURGERY, PLAINTIFF WILL NEED MEDICAL
COVERAGE TO COVER COST(S) TO CORRECT INJURIES(S)
THE NERVE DAMAGE MOST LIKELY WILL NEVER BE
• CORRECTED PLAINTIFF SUFFERED DISTIGUREMENT
WHICH WILL REQUIRE PLASTIC SURGERY TO ATTEMPT
TO COMPENSATE AND/OR CORRECT THE FACIAL DAMA-
GE, DONE BE AN IMPROPER MEDICAL PROCEDURE
PROFORMED (BY) NAMED DEFENDANT UNIVERSITY OF
ILLINOIS CHICAGO (UIC).

DUE PROCESS VIOLATION 5TH AND 14THEQUAL PROTECTION CLAUSE

DISCRIMINATORY ACTION(S) SHOWN (BY) NAMED DEFENDANT(S) (UIC) UNIVERSITY of ILLINOIS CHICAGO IN THIS CASE FAILED TO PROVIDE ADEQUATE MEDICAL CARE BEING WELL AWARE OF THE SERIOUS INJURY SUFFERED (BY) THE PLAINTIFF, THIS INFLECT CAUSED INJURY TO THIS PATIENT.

AS FURTHER PROOF THIS PLAINTIFF CAN SHOW THAT AFTER SUFFERING A SEVERE HEAD INJURY HE WAS ONLY KEPT OVERNIGHT (NO PREVENTATIVE CARE WAS GIVEN IN THIS CASE MR COCROFT WAS SENT OUT OF HOSPITAL WITHOUT FOLLOW UP MEDICATION(S) TO PREVENT FURTHER COMPLICATION(S) TO HIS INJURY DUE PROCESS IS VIOLATED (ALSO) WHERE A CLEAR INDIFFERENCE IS SHOWN (BY) A HEALTH CARE PROFESSIONAL IN FAILING TO RECKONIZE A CLEAR RISK OF HARM TO THE PATIENT (DUE TO THIS NEGLIGENCE IN CARE

AS IS CITED IN THE ATTACHED CIVIL LAW THE PLAINTIFF CAN SHOW DIRECTLY INJURIES(S) CAUSED (BY) THE RECKLESS ACTION OF THE NAMED DEFENDANT. (UIC) IN IMPROPER TREATMENT AND A FAILED MEDICAL PROCEDURE.

- INADEQUATE MEDICATION - UPON LEAVING THE HOSPITAL MR COCROFT WAS GIVEN "NO MEDICATION WHICH IS IN ITSELF ABNORMAL AND IS
- "DELIBERATE MEDICAL MALPRACTICE - AS SUCH ACTION(S) DID IN FACT CAUSE SEVERE HARM AND FURTHER COMPLICATION(S).

- A SECONDARY INFECTION DID SET IN CAUSING SEVERE PAIN, SWELLING AND TISSUE LOSS TO THE JAW AND DISTIGUREMENT OF THE FACE

8TH AMENDMENT CLAIM PLAINTIFF STATE(S)

- CRUEL AND UNUSUAL PUNISHMENT
- DISTIGUREMENT
- ONGOING PAIN AND SUFFERING
- "CORRECTIVE SURGERY REQUIRED TO ALLEVIATE THE PAIN
- SAME CONDITION(S) EXIST

INADEQUATE MEDICAL TREATMENT PLAINTIFF COCROFT WAS KEPT "ONLY ONE NIGHT IN THE HOSPITAL (UIC)" ANY MEDICAL PROFESSIONAL WOULD HAVE REALIZED THE GROSS ERROR IN INSUFFICIENT MEDICAL "SUPERVISION FOR SUCH A SERIOUS MEDICAL INJURY SUCH AS MR COCROFT SUFFERED.

PLAINTIFF MR FREDRICK COCKROFT HAS NOW INTACT

PRESENTED A CLAIM BASED ON PROCEDURAL CIVIL
RIGHT(S) VIOLATION(S) AND CONSTITUTIONAL VIOLATION(S)
(ALL) CAUSING SEVERE HARM TO THE PLAINTIFF

TORT AND TORT CLAIM OF INJURY CAN BE DISCUSSED
(BY) THIS NORTHERN DISTRICT COURT.

MR COCKROFT NOW (ALSO) DUE TO MENTAL DURESS
AND MEDICATION ASK(S) THIS HONORABLE COURT TO
APPOINT COUNSEL / AN ATTORNEY TO REPRESENT THIS
PETITIONER / PLAINTIFF IN THIS CIVIL CLAIM.

PLAINTIFF COCKROFT (ALSO) REQUEST A JURY TRIAL
AS TO REVEAL THE TRUE IMPROPER AND UNPROFESSIONAL
LIKE CONDUCT COMMITTED (BY) THE DEFENDANT
UNIVERSITY OF ILLINOIS (CHICAGO) (UIC).

DATE: Aug. 31 - Sept. 2
2012

STATE OF ILLINOIS)

SS

COUNTY OF COOK)

AFFIDAVIT

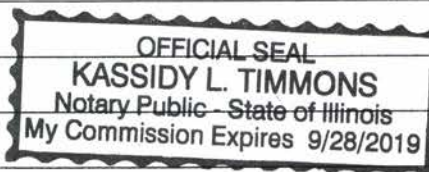
I, MR FREDRICK COCROFT Fredrick Cocroft, hereby declare under penalty of perjury that the following is true and correct based upon my personal knowledge and that I am competent to testify thereto if called upon as a witness.

THAT (ALL) STATEMENTS MADE IN THIS ACTION
FOR CIVIL RIGHTS VIOLATION(S) MADE (BY) THE
PLAINTIFF MR FREDRICK COCROFT ARE IN FACT
TRUE, AND I WILL TESTIFY TO ALL STATEMENT(S)
MADE HEREIN IN OPEN COURT I AM REQUEST-
ING A TRIAL.

/s/ Fredrick Cocroft
Date: 12-23-15

Subscribed and sworn to before me this 3rd Day of December,
2015.

Kassidy L. Timmons
Notary Public



V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

PLAINTIFF COCROFT IN THIS CASE HAS IN FACT PRESENTED VIOLATION(S) OF HIS CIVIL AND CONSTITUTIONAL RIGHTS. THESE VIOLATION(S) WERE IN FACT COMMITTED (BY) NAMED DEFENDANT (UIC)(AND) PROCEDURAL FAILURE(S) WHICH CAUSED SEVERE INJURIES(S) TO THE PLAINTIFF. PLAINTIFF ASK(S) FOR JURY TRIAL.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 28 day of Dec., 20 15

/s/ Fredrick Cocroft
(Signature of plaintiff or plaintiffs)

Fredrick Cocroft
(Print name)

N62451
(I.D. Number)

Hill Correctional Center
P.O. Box 1700 Galesburg IL, 61402
(Address)

EXH 1-5
In support of the Plaintiff's motion

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the duty arises, it is not necessary that it shall allege in express terms that it was the duty of defendant to do or not to do a particular thing.⁷¹

A complaint which states facts from which the law raises the duty of defendant to exercise reasonable care to avoid injury to plaintiff, a breach of that duty by defendant, and injury to plaintiff resulting from such breach states a cause of action.⁷² The allegations of the complaint must show that the injury of the plaintiff resulted from the defendant's violation of duty⁷³ and set forth facts showing the connection between the negligence of the defendant and the injury sustained by the plaintiff.⁷⁴ It is not essential, however, for the complaint to go further and allege that defendant knew, or ought to have known, that injury would result from his or her own negligence.⁷⁵

74. Ramsay v. Tuthill Bldg. Material Co., 295 Ill. 395, 129 N.E. 127, 36 A.L.R. 23 (1920).

Moore v. Ohio Oil Co., 241 Ill. App. 388 (4th Dist. 1926).

Description of situation

The description of a situation may show a duty without the direct allegation of such a duty.—Riordan v. Chicago City Ry. Co., 178 Ill. App. 323 (1st Dist. 1913).

75. Flanagan v. Wells Bros. Co., 237 Ill. 82, 86 N.E. 609 (1908) (injury from falling timber).

Langan v. Enos Fire Escape Co., 233 Ill. 308, 84 N.E. 267 (1908) (drill dropped on plaintiff while on fire escape).

Breach of duty by installer

In hotel patron's action against installer of elevator cables for injuries sustained when cable broke, complaint alleging that defendant undertook to replace cable, and performed and supervised work and installation of safety devices, that defendant had duty of ordinary care, but carelessly installed cable so that it kinked and twisted, causing cable to break, and that defendant negligently removed safety devices, stated a cause of action.—Carson v. Western Hotel Corp., 342 Ill. App. 602, 97 N.E.2d 620 (1st Dist. 1951).

76. McGanahan v. East St. Louis & C. Ry. Co., 72 Ill. 557 (1874).

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NEGLIGENCE § 128

§ 128. — Willful and Wanton Misconduct; Gross Negligence

To sufficiently plead willful and wanton misconduct, plaintiff must allege either deliberate intention to harm or utter indifference to or conscious disregard for the welfare of plaintiff.

Library References

CJS, Negligence § 190
Negligence ⇨ 112

To plead a cause of action for willful and wanton misconduct, plaintiff must allege sufficient facts to establish the existence of a duty, a breach of that duty, and an injury resulting from the breach.⁷⁶ Such misconduct must be shown through well-pled facts, and not by merely labeling the conduct willful and wanton.⁷⁷ Accordingly, a mere conclusory allegation of willful and wanton conduct is not sufficient.⁷⁸ However, an allegation of personal injury is not necessary.⁷⁹

To sufficiently plead willful and wanton misconduct, plaintiff must allege either deliberate intention to harm or utter indifference to or conscious disregard for the welfare of plaintiff.⁸⁰

A defendant's duty to exercise care for the safety of others is an element in a charge of willful and wanton misconduct and properly

79. Block v. Lohan Associates, Inc., 269 Ill. App. 3d 745, 206 Ill. Dec. 202, 645 N.E.2d 207 (1st Dist. 1993), reh'g denied, (Oct. 8, 1993).

Northern Trust Co. v. Halas, 257 Ill. App. 3d 565, 195 Ill. Dec. 850, 629 N.E.2d 158 (1st Dist. 1993).

Petruskas v. Wexenthaler Realty Management, Inc., 186 Ill. App. 3d 820, 134 Ill. Dec. 556, 542 N.E.2d 902 (1st Dist. 1989).

80. Dowd and Dowd, Ltd. v. Gleason, 284 Ill. App. 3d 915, 220 Ill. Dec. 37, 672 N.E.2d 854 (1st Dist. 1996), appeal allowed, 171 Ill. 2d 564, 222 Ill. Dec. 430, 677 N.E.2d 964 (1997) and judgment affirmed in part, rev'd in part on other grounds, 181 Ill. 2d 460, 230 Ill. Dec. 229, 693 N.E.2d 358 (1998).

Winfrey v. Chicago Park Dist., 274 Ill. App. 3d 939, 211 Ill. Dec. 46, 654 N.E.2d 508 (1st Dist. 1995).

81. Snyder v. Olmstead, 261 Ill. App. 3d 986, 199 Ill. Dec. 703, 634 N.E.2d 756 (3d Dist. 1994).

Koh v. Village Greens of Woodbridge, 158 Ill. App. 3d 226, 110 Ill. Dec. 677, 511 N.E.2d 854 (2d Dist. 1987).

Newby v. Newby v. Lake Zurich Community Unit Dist. 95, 136 Ill. App. 3d 92, 90 Ill. Dec. 778, 482 N.E.2d 1061, 27 Ed. Law Rep. 904 (2d Dist. 1985).

82. Drs. Seilke & Conlon, Ltd. v. Twin Oaks Realty, Inc., 143 Ill. App. 3d 168, 96 Ill. Dec. 633, 491 N.E.2d 912 (2d Dist. 1986).

83. Adkins v. Sarah Bush Lincoln Health Center, 129 Ill. 2d 497, 136 Ill. Dec. 47, 544 N.E.2d 733 (1989).

Yureitch v. Sole, 259 Ill. App. 3d 311, 197 Ill. Dec. 545, 631 N.E.2d 767 (4th Dist. 1994).

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included in a count of a complaint charging such misconduct.⁸⁴ A charge of "reckless" and "wanton" misconduct is tantamount to a charge of willful and wanton misconduct.⁸⁵

Where the facts alleged do not show that defendant intended to inflict an injury, allegations that the act was committed willfully, recklessly, wantonly, purposely, or unlawfully are not sufficient to charge willful negligence or injury,⁸⁶ and complaints for personal injury alleging mere intentional omission to perform a duty, or intentional doing of an act contrary to duty, although culpable and resulting in injury, without further averment do not state that the injury was intentionally or wantonly inflicted.⁸⁷

In a negligence action, counts charging negligence and willful or wanton misconduct are not in the same class and do not charge the same or similar offenses.⁸⁸ However, a personal injury action may be tried under a complaint, the separate counts of which charge negligence and willful and wanton misconduct, notwithstanding the rules of law as applied to the separate counts of such a complaint are not the same.⁸⁹ Allegations for willful and wanton conduct will not fail simply because they mirror allegations for negligence and merely change the state of mind.⁹⁰

A characterization of defendant's negligence as gross in a complaint does not change the legal effect of the allegation from what it would have been had the term "negligence" alone been used.⁹¹ In an action to recover compensatory damages it is sufficient to allege that the acts or omissions complained of resulted from the negligence or carelessness of the defendant; it is not necessary that the complaint charge the negligence to have been gross, and where the right of

84. *Reell, for Use of Haskin v. Central Illinois Elec. & Gas Co.*, 317 Ill. App. 106, 45 N.E.2d 500 (2d Dist. 1942).
85. *Ames v. Armour & Co.*, 257 Ill. App. 449 (1st Dist. 1930).
86. *Cox v. Kroger Co.*, 9 F.R.D. 78 (E.D. Ill. 1949).
87. *Mensinger v. O'Hara*, 189 Ill. App. 48 (1st Dist. 1914).
88. *Burns v. Chicago & A.R. Co.*, 229 Ill. App. 170 (3d Dist. 1923).
89. *O'Neill v. Blair*, 261 Ill. App. 470 (3d Dist. 1931).
90. *Yurech v. Sole*, 259 Ill. App. 343, 197 Ill. Dec. 545, 631 N.E.2d 767 (4th Dist. 1994).
91. *Block v. Lohan Associates, Inc.*, 269 Ill. App. 3d 745, 206 Ill. Dec. 202, 645 N.E.2d 207 (1st Dist. 1993), reh'g denied, (Oct. 8, 1993).
92. *Kelly v. Malott*, 135 F. 74 (C.C.A. 7th Cir. 1905).

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NEGLIGENCE § 130

recovery depends on the existence of gross or willful negligence the matter is one of proof and not of pleading.⁹²

§ 129. Answer

The defendant's answer in a negligence case should deny the material averments of the complaint, and failure to do so may amount to an admission of their truth.

Library References

CJS, Negligence § 196
Negligence ⇨ 115-117

The defendant's answer in a negligence case should deny all material allegations of the complaint,⁹³ and failure to do so may amount to an admission of their truth.⁹⁴

If a defendant wishes to assert an affirmative defense, he or she is required to specifically plead it.⁹⁵ The failure to plead an affirmative defense, which would likely take the opposite party by surprise, waives the asserted defense.⁹⁶

§ 130. Matters to be Proved under Pleadings

The plaintiff in a negligence action must prove the essential allegations of his or her complaint, such as those relating to the defendant's duty toward the plaintiff, his or her breach thereof, and resultant injury.

Library References

CJS, Negligence § 200
Negligence ⇨ 119(1)

The plaintiff must prove all essential allegations of his or her complaint,⁹⁷ and, generally speaking, the existence of a duty on the

92. *Kelley v. Baggett*, 273 Ill. App. 580 (4th Dist. 1934).
93. *Chicago, B. & O.R. Co. v. Meltsack*, 44 Ill. App. 124 (1st Dist. 1892).
94. *65A CJS, Negligence* § 196.
95. *Brown v. Richardson*, 177 Ill. App. 488 (1st Dist. 1913) (as to defendant's possession and control of premises where injury occurred).
96. *Carlson v. City Const. Co.*, 239 Ill. App. 3d 211, 179 Ill. Dec. 568, 606 N.E.2d 400 (1st Dist. 1992).
97. *Pershall v. Raney*, 137 Ill. App. 3d 978, 92 Ill. Dec. 431, 484 N.E.2d 1286 (4th Dist. 1985).
98. *Blackburn v. Johnson*, 187 Ill. App. 3d 557, 135 Ill. Dec. 200, 543 N.E.2d 583 (4th Dist. 1989).
99. *May v. Illinois Power Co.*, 342 Ill. App. 370, 96 N.E.2d 631 (4th Dist. 1951).
100. *Cope v. Air Associates, Inc.*, 283 Ill. App. 40 (1st Dist. 1935).

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13B Am Jur Legal Forms 2d, Negligence §§ 183:1-183:16
Mirza, Illinois Personal Injury, Volume 2, Chapter 212, Volume 2A, Chapter 213
West's Illinois Digest 2d, Negligence ⇨ 102-106

§ 119. Cause or Right of Action

The essential elements of a cause of action for negligence consist in the existence of a duty to protect the plaintiff from an injury, breach of such duty, and a legal injury resulting from such violation.

Library References

CJS, Negligence § 175
Negligence ⇨ 102, 103

In a cause of action alleging negligence, a plaintiff must establish the existence of a duty, a breach of that duty, and an injury proximately resulting from the breach of that duty.¹ In other words, the cause of action for negligence is the act done or omitted by defendant affecting plaintiff which causes a grievance for which the law affords a remedy.²

A plaintiff injured by the wrongful act of another to which neither he or she, nor any one for whom he or she was responsible, contributed, is entitled to damages from the wrongdoer.³ The "injury" referred to as an essential element of the cause of action means merely an invasion of a right or legal injury, and does not necessitate actual damage or physical injury of the plaintiff in order to establish a cause of action for negligence.⁴

1. Ross v. City of Chicago, 168 Ill. App. 3d 83, 118 Ill. Dec. 760, 522 N.E.2d 215 (1st Dist. 1988).

Romano v. Bitner, 157 Ill. App. 3d 15, 109 Ill. Dec. 856, 510 N.E.2d 924 (2d Dist. 1987).

Miller v. Dvornik, 149 Ill. App. 3d 883, 103 Ill. Dec. 139, 501 N.E.2d 160 (1st Dist. 1986).

2. Lee v. Republic Iron & Steel Co., 241 Ill. 372, 89 N.E. 655 (1909).
Mooney v. City of Chicago, 239 Ill. 414, 88 N.E. 194 (1909).

3. City of Vandalia v. Ropp, 39 Ill. App. 344 (4th Dist. 1891).

Common-law liability

Where a person exercising due care is injured because of another person's failure to perform an assumed duty, a liability is created at common law.—Consolidated

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NEGLIGENCE § 120

Negligence and willful and wanton misconduct are distinct cause of action.⁵

Economic loss.

In general, purely economic losses are not recoverable in a negligence action,⁶ but an exception to this general rule has been recognized in certain cases of professional malpractice.⁷ Furthermore, economic loss is recoverable where one who is in the business of supplying information for the guidance of others in their business transactions makes negligent representations.⁸

Personal injury.

One suffering an injury to his or her person because of the negligent act of another has a right of action for personal injury at common law independently of statute.⁹

§ 120. What Law Governs

Negligence is determined by the law of the state that has the most significant relationship to the occurrence and the parties.

Library References

CJS, Negligence § 177
Am Jur 2d, Negligence § 5
Negligence ⇨ 103:5

Negligence is a substantive issue and is determined by the law of the state that has the most significant relationship to the occurrence and the parties.¹⁰ In determining which jurisdiction has the most

5. Hough v. Mooningham, 139 Ill. App. 3d 1018, 94 Ill. Dec. 404, 487 N.E.2d 1281 (5th Dist. 1986).

6. Fireman's Fund Ins. Co. v. SEC Donohue, Inc., 176 Ill. 2d 160, 223 Ill. Dec. 424, 679 N.E.2d 1197 (1997).

7. Fireman's Fund Ins. Co. v. SEC Donohue, Inc., 176 Ill. 2d 160, 223 Ill. Dec. 424, 679 N.E.2d 1197 (1997).

8. Collins v. Reynard, 154 Ill. 2d 48, 180 Ill. Dec. 672, 607 N.E.2d 1185 (1992) (lawyer).

9. Prouy v. City of Chicago, 250 Ill. 222, 95 N.E. 147 (1911).

10. Boffa v. Terminal R.R. Ass'n of St. Louis, 208 Ill. App. 3d 7, 152 Ill. Dec. 969, 566 N.E.2d 846 (5th Dist. 1991).

Factors

When applying the most significant relationship test, the court should consider where the injury occurred; where the injury-causing conduct occurred; the domicile of the parties; and where the relationship of the parties is centered.—Esser v. McIntyre, 169 Ill. 2d 292, 214 Ill. Dec. 693, 661 N.E.2d 1138 (1996).

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ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH PROGRESS NOTEOffender Name: COCROFT, Frederick ID#: N62451 DOB: _____
Last, First, MIS = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem;
A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment planSession Date/Time: 7/9/15

Session Duration: _____

Appearance: ☒ Appropriate ☐ Inappropriate
 Behavior: ☒ Appropriate ☐ Inappropriate
 Mood: ☒ Appropriate ☐ Inappropriate
 Affect: ☒ Appropriate ☐ Inappropriate

Concentration: ☒ Appropriate ☐ Inappropriate
 Memory: ☒ Appropriate ☐ Inappropriate
 Speech: ☒ Appropriate ☐ Inappropriate
 Thoughts: ☒ Appropriate ☐ Inappropriate

Subjective, Objective, Assessment

Plan

prozac 20mg HS
 trazadone 50 HS

S: ph. reports
 he continues
 to have social
 Anxiety & Anxiety
 attacks. Paranoid
 of others.
 Depressed mood.
 Does enjoy
 reading. Sleeping
 well.

A/P
 Anxiety O/O NOS

plan

↑ prozac 40mg
 then 60mg

O: See Above MSE

Continue trazadone 50

Consider propranolol
 next visit IF
 anxiety not better

E/n 1 month

Clinician Name (Print): BednarFacility: Hill Correctional CenterSignature: Bednar MDTitle: Staff Psychiatrist

7/10/15
 Noted
 M. Smith

Mental Health Evaluation

Narrative Summary and Diagnostic Impressions

(Provide evidence to support diagnosis and any relevant social concerns that contribute to the overall clinical picture. Include current risk assessment, including homicidal thinking, impulse control, insight and judgment.)

Axis I: Social AnxietyAxis II: Depression

Axis III: See Medical Chart

Axis IV: Incarceration

Axis V: 50LOC: Outpatient, Residential, InpatientAcuity: 2Plan: Group Y or NPsychiatrist Y or NoWhich Doctor: Dr. B or Dr. N

Starting meds. Saw Dr yesterday. Getting along with others well.

Disposition (Check one):

- ☒ General Outpatient Unit
☐ Crisis Placement
☐ Medical Referral

- ☐ Special/Residential Treatment Unit
☐ Inpatient Referral

Evaluation completed by:

Jennifer L. Streets

Print Name



Signature

LCPC

Title



Date

ILLINOIS DEPARTMENT OF CORRECTIONS

Mental Health Evaluation

- Does the offender experience paranoid delusions? ☒ No ☐ Yes
- 1 - Does the offender report being afraid that people are out to get him or her? ☒ No ☐ yes
- 2 - Has the offender ever been withdrawn or isolative? ☒ No ☐ Yes

If yes, identify which: ☐ Withdrawn ☐ Isolative

- 3 - What does the offender report as things that worry him or her? How, health
- 4 - Does the offender believe he or she has control of his or her own mind? ☒ No ☐ Yes
- 5 - Does the offender believe he or she can read other people's minds? ☒ No ☐ Yes
- 5 - Does the offender believe that others are putting thoughts into his or her mind? ☒ No ☐ Yes
- 7 - Does the offender believe that he or she has a special mission for God? ☒ No ☐ yes
- 8 - Does the offender believe that he or she has a special mission for the government? ☒ No ☐ Yes
- Does the offender report having hallucinations? ☒ No ☐ Yes
- Does the offender report hearing voices? ☒ No ☐ Yes

If yes,

- 1 - Whose voice(s) does the offender hear? D
- 2 - Does the offender hear the voice(s) everyday? D
- 3 - How many times per day does the offender report hearing the voice(s)? D
- 4 - Does the offender report that the voice(s) is coming from: ☐ Inside his or her head ☐ Outside his or her head
- 5 - At what age did the offender begin hearing voice(s)? D
- 6 - What does the offender report the voice(s) say? D

- 7 - Is the offender able to ignore the voices? ☒ No ☐ Yes
- 8 - Does the offender obey the voices? ☒ No ☐ Yes
- 9 - What does the offender do to make the voices go away? ☒ No ☐ Yes

- Does the offender report having a history of strange, odd, or very peculiar things happening to him or her?

Note offender comments: D

- Does the offender report unusual visual perceptions? ☒ No ☐ Yes

If feigning or exaggeration of symptoms is suspected, ask appropriate questions and report in narrative summary.

Historian: ☐ Very reliable ☒ Fairly reliable ☐ Fair/Poor ☐ Inconsistent ☐ Unreliable

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH PROGRESS NOTEOffender Name: Cocroft, Fredrick ID#: N62451 DOB: _____
Last, First, MI

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Session Date/Time: <u>6/1/15</u>	Session Duration: _____
Appearance: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate	Concentration: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate
Behavior: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate	Memory: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate
Mood: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate	Speech: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate
Affect: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate	Thoughts: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate

Subjective, Objective, Assessment

Plan

HPI: 52 year old
AA male was
on medications
in past for Anxiety.
Reports he misses
chron 2° to Anxiety.
Sleeping 10-3am.
Down Depressed.
out Date 2022.
isolates frequently
has had chronic
problems with sleep

Medical History: HTN.
no allergies.

MSE: See Above

A/P
MDP i Anxiety

plan

Start prozac 20mg HS
trazodone 50 HS

F/U 1 month

Past Y History:

Pt. has had one
past Y hospitalization
related to substance
abuse. NO suicide
Attempts.
was on 2010ft. -

noted
6-1-15
J. J. J.

Clinician Name (Print): BednareSignature: [Signature]Facility: HillTitle: MD

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CERMAK HEALTH SERVICES OF COOK COUNTY
Cook County Health & Hospitals System
PATIENT TRANSFER MEDICAL SUMMARY

Printed On: 04/30/2015 07:02

Page # 1

CCDOC#	NAME	GENDER	DOB	MRN#
20121026088	COCROFT, FREDRICK	Male	08/23/1962	155340

Encounter Status: Active, intake date: 10/26/2012

Medical Classification: N/AMental Health Classification: N/A**Active Medication Orders Before Discharge/Transfer : 1**

metoprolol 50 mg XL (KOP) 50 MG, 1 TAB, PO, Daily kop
 Start Dt:04/10/2015 09:00 Stop Dt:07/03/2015 08:59

Recent Lab Results Summary:

N/A

Alerts Active Before Discharge/Transfer :

N/A

Upcoming Appointments (In 30 Days) :

N/A

Radiology: Latest Chest Screening Result :

Indication: Screening

PA view of the chest.

Findings:

The lungs are clear of suspicious infiltrates.

Impression:

No radiographic findings to suggest acute TB.

Electronically signed by: KYUNG YOO
 Date: 10/29/12
 Time: 10:14

*** End of Patient Medical Summary ***

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH PROGRESS NOTEOffender Name: CoCroft, Fredrick
Last, First, MIID#: 1162451DOB: 8-23-62

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Session Date/Time: <u>7-28-15</u> <u>9:40am</u>		Session Duration: <u>10 minutes</u>	
Appearance: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate	Concentration: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate	Memory: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate	Speech: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate
Behavior: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate	Thoughts: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate		
Mood: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate			
Affect: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate			
Subjective, Objective, Assessment S: <u>I/m reports that he is currently on medication, Although it was recently increased, I/m reported that he has not noticed any changes in his anxiety symptoms. I/m said that he has been sleeping good and dinner check due to his "Social Anxiety." Discussed anxiety reduction techniques, such as breathing techniques and progressive muscle relaxation. Explored ways for the I/m to challenge thoughts as well. I/m did not report any issues with his cellie, and he had nothing further to report to mental health at this time.</u>		Plan Assessment: <u>Anxiety Disorder NOS</u> A:2 P: <u>H/u with psychiatrist continue care as planned</u> E: <u>Anxiety reduction strategies (deep breathing, progressive muscle relaxation) challenging thoughts Process of getting in to see the psychiatrist.</u>	
O: <u>Unremarkable. Normal speech. Coherent thought process Appropriate affect and eye contact</u>			

Clinician Name (Print): Ashley FloresSignature: Ashley FloresFacility: Hill Correctional FacilityTitle: LPC

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Appearance:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate	Concentration:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate
Behavior:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate	Memory:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate
Mood:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate	Speech:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate
Affect:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate	Thoughts:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate

consider anti psychotic
IF paranoia worsens
not a
stimulant

DOC 0282 (Rev. 6/2012)

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH PROGRESS NOTEOffender Name: Cocroft, Fredrich ID#: 1162457 DOB: 8-23-62
Last, First, MI

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Session Date/Time: <u>8-31-15</u> <u>11:15 am</u>		Session Duration: <u>10 minutes</u>	
Appearance:	<input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate	Concentration:	<input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate
Behavior:	<input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate	Memory:	<input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate
Mood:	<input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate	Speech:	<input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate
Affect:	<input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate	Thoughts:	<input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate
Subjective, Objective, Assessment <u>Edm reports that he is currently on medication, and he believes that it wasn't working. However, he was given a new medication about a week ago, and he is going to see if that works for his anxiety. Discussed relaxation strategies, such as deep breathing, going outside, and creating lists to motivate him and prevent isolation. Edm said he was getting along with his cellie, and there were no issues to report. Edm had nothing further to report to mental health at this time.</u>		Plan <u>continue care as planned.</u>	
<u>P. Unremarkable. Polite. Normal speech coherent thought process. open to suggestions. Appropriate affect and eye contact.</u>			
<u>Assessment: MDD with Insomnia</u>			
<u>A: 2</u>			

Clinician Name (Print): Ashley FloresSignature: Ashley FloresFacility: Hill C.C.Title: LPC

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH PROGRESS NOTEOffender Name: Cocroft, Friedrich
Last, First, MIID#: N62451DOB: 8-23-62

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Session Date/Time: 9-21-15 1:10pmSession Duration: 10 minutes

Appearance: ☒ Appropriate ☐ Inappropriate
 Behavior: ☒ Appropriate ☐ Inappropriate
 Mood: ☒ Appropriate ☐ Inappropriate
 Affect: ☒ Appropriate ☐ Inappropriate

Concentration: ☒ Appropriate ☐ Inappropriate
 Memory: ☒ Appropriate ☐ Inappropriate
 Speech: ☒ Appropriate ☐ Inappropriate
 Thoughts: ☒ Appropriate ☐ Inappropriate

Subjective, Objective, Assessment

FIN/staff report. TIM felt that
he was feeling more lethargic after
taking the morning medication.
TIM wants to speak with the
psychiatrist to stop the morning
medication. The right medication
seemed to work for him however
TIM has found that medication has
helped him to cope in the meantime
outside of the issues with the
medication, TIM felt that he was
"doing alright" and coping well at
this time. TIM had nothing
further to report to mental health.

Plan

- Interventions: Inform of importance
of medication compliance/getting in to
see the psychiatrist.
- Refer to psychiatrist
- Ltr in 1 month

Prognosis: Good

O. Positive. Normal speech and appearance.
Coherent thought process. Appropriate
affect, good eye contact. Poor judgment
associated with medication noncompliance.

Assessment: MOD with insomniaLOC: OutpatientClinician Name (Print): Ashley FloresSignature: Ashley FloresFacility: Hill C.C.Title: LC

ILLINOIS DEPARTMENT OF CORRECTIONS
Evaluation of Suicide Potential

Follow-up

NOTE: If evaluation was completed by someone other than a MHP/Psychiatrist, follow-up must be completed by (MHP/Psychiatrist).

Print Name_____
Signature_____
Date_____
TimeSummary of follow-up and interventions/recommendations (if any): _____

Good needs 3 yrs ago
Having trouble again
Both

ILLINOIS DEPARTMENT OF CORRECTIONS

Mental Health Evaluation

Medical – Female Specific: ☒ Not Applicable

- Is the offender currently pregnant? ☐ No ☐ Yes – expected due date: _____

- Does the offender have a history of post-partum depression? ☐ No ☐ Yes

If yes, explain: _____

- Does the offender have a history of mood issues related to menstruation? ☐ No ☐ Yes

If yes, explain: _____

- Does the offender have a history of mood issues related to menopause? ☐ No ☐ Yes

If yes, explain: _____

- Does the offender have a history of mood issues related to hysterectomy? ☐ No ☐ Yes

If yes, explain: _____

Psychotropic Medication Treatment:

- Has the offender previously been prescribed psychotropic medication(s)? ☐ No ☒ Yes

- If yes, list all medications: Prozac

- Is the offender currently receiving psychotropic medication(s)? ☐ No ☒ Yes

- If yes, list all medications and the last date taken: Unknown just began
